HEALTH
A 9 JUL 161
C.R 2

Library

BELPER RURAL DISTRICT COUNCIL



ANNUAL REPORT

on the

HEALTH OF



THE BELPER RURAL DISTRICT

for the year

1960

Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

https://archive.org/details/b28916463

B E L P E R R U R A L D I S T R I C T C O U N C I L

ANNUAL REPORT

on the

HEALTH OF

THE BELPER RURAL DISTRICT

for the year

1960

BELPER RURAL DISTRICT COUNCIL

1960-1961

Chairman O.C. Wood J.P.

Vice-Chairman T.B. Thorpe

Parishes	Councillors
Alderwasley	P.J. Chadfield
Allestree	(A.S. Morrell (P. Sims (O.C. Wood, J.P.
Ashleyhay & Idridgehay	L.E. Doxey
Crich	(E. Williams (H. Mitchell
Darley Abbey	T. Taylor
Denby	(G.H. Butler (B.O. Wright
Dethick, Lea and Holloway	T.B. Thorpe
Duffield	(W.M. Cockain (E.S. Hanbury
Hazelwood	Mrs. H.E.B. Pulvertaft, J.P.
Holbrook	Miss E.A. Sheldon
Horsley	Mrs. O.M. Dawes
Horsley Woodhouse	R.M. Weston
Kedleston and Quarndon	W.G. Sanderson
Kilburn	(E. Bown (A.H. Bull
Kirk Langley and Mackworth	Mrs. P.N.W. Clark-Maxwell
Mapperley	Mrs. D. Davis
Pentrich	Mrs. O.M. Walters
Ravensdale Park & Weston Underwood	Rev. E. Richardson
Shipley	W.H.E. Thorpe
Shottle & Postern	A.G. Busby
Smalley	H.H. Dix
South Wingfield	(L. Walker (A.F. Lineham
Turnditch & Windley	Capt.E.V. Lees, D.S.O., R.N.(Retd.)

PUBLIC HEALTH COMMITTEE

All the members of the Council

Chairman A.H. Bull

Vice-Chairman Mrs. H.E.B. Pulvertaft, J.P.

PUBLIC HEALTH OFFICERS OF THE BELPER RURAL DISTRICT COUNCIL

Medical Officer of Health

W.J. Morrissey, M.B., B.Ch., D.P.H.

Chief Public Health Inspector

H.D. Starworth M.Inst.Mun.E., M.R.S.H.
Chartered Municipal Engineer

Deputy Chief Public Health Inspector

S.M. Carruthers, M.R.S.H., M.A.P.H.I.

District Public Health Inspector

E.N. Morgan, M.A.P.H.I.

Senior Clerk

R.W.G. Whitmore

General Clerk/Shorthand Typist

Miss J.M. Crooks

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
TO THE BELPER RURAL DISTRICT COUNCIL

Public Health Department,
Council Offices,
Field Head House,
Chesterfield Road,
Belper, Derby.

3rd July, 1961

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the health and sanitary circumstances of the rural district for the year ended 31st December, 1960.

The Registrar General's estimate of population rose to 30,570, an increase of 570 on the estimate for the previous year. This rather large increase is probably due to the rapid development now taking place in parts of the Council's area, particularly in the southern part of the district.

The total number of live births registered during the year was 484 an increase of 30 on the 1959 figures. The birth rate consequently rose to 16.63 (adjusted) and illegitimate live births formed 1.43% of the total live births. Deaths registered during the year numbered 323, a decrease of 14 on the figures for the previous year and therefore the adjusted death rate fell to 10.78. Infant deaths rose to 14 from 10 in 1959 and the Infantile Mortality Rate shows a consequent rise. Of the 14 infant deaths registered during the year, 10 occurred in babies under 1 week old.

Deaths from Cancer fell slightly from 63 in 1959 to 58 in 1960 and of these, 7 deaths were attributable to cancer of the lung and bronchus. Cancer of all sites thus caused 17.96% of the total deaths. Heart diseases were classed as being responsible for 96 deaths, that is 29.73% of the total deaths, and vascular lesions caused 58 deaths, also 17.96% of the total deaths registered.

1960 was the third year in succession in which the number of cases of infectious diseases notified decreased. The total for the year was 104 as against 298 in 1959 and 382 in 1958. Measles cases, which accounted for the greatest number of notifications received reached 30. Here again the numbers show a decline on those for the previous year (213 in 1959, 30 in 1960).

No cases or suspected cases of poliomyelitis came to my notice in 1960. The Minister of Health has now made vaccination available for the "over 40's", although the County Council have not entered into the scheme, which is administered at present by the General Practitioners. The number of persons coming forward for vaccination has, after the records established in 1959, been gradually diminishing again in 1960.

Diphtheria struck in the adjoining County Borough during the year although no cases occurred in this district, and it is hoped that comments in my Annual Report for 1959 on the low level of immunisation in this district did not go unheeded. The figures for immunisations carried out in this district as supplied by the County Medical Officer show a marked increase on those for 1959. This is to be welcomed and it is ernestly hoped that this upward trend in the immunisation level will be increased.

The Mass Radiography Unit visited the district during the summer of the year and a full statement on the results appear in the body of the report.

New legislation which came into force during the year included Acts relating to such diverse matters as Noise, Caravans and Mental Health. All of the Acts can be regarded as milestones in the public health field. Firstly, the Noise Abatement Act has among its provisions that noise or vibration which would amount to a nuisance at Common Law becomes a Statutory Nuisance and can be dealt with according to the procedure provided under Part III of the Public Health Act, 1936. Apart from action by a Local Authority, 3 or more occupiers of land or premises who are aggrieved by a noise or vibration may make a complaint to a Magistrate. This Act undoubtedly strengthens the Council's powers to deal with complaints of noise nuisance but very few complaints of this type of nuisance have been received in the past. Secondly, the Caravan Sites and Control of Development Act was a direct result of the report "Caravans as Homes" by Sir Arton Wilson to the Minister of Housing and Local Government in 1958. The decision to conduct the investigation into the question of caravans in the first place was sparked off by pressure on the Minister by M.P.'s and the public over the Egham case when about 70 caravan dwellers in Egham were given notice to quit an unauthorised site they were occupying. The Act brought into force a new licensing system for caravans and has the objects of (1) controlling the location of caravan sites and (2) in providing the conditions on sites by the requirement of good standard of layout, equipment and maintenance. The location of caravans in this district is, apart from four multiple sites at Whatstandwell, mainly limited to ones, twos and threes dotted about in various parts of the district. Although a few difficulties have been experienced in getting occupiers to apply for necessary permissions as soon as the caravans move onto a site, all sites have been kept under surveillance. Thirdly, the Mental Health Act, 1959, came into force on the 1st November, 1960. Although this Act will be operated by the County Council as the Local Health Authority, it makes fresh provisions regarding the reception, care and treatment of the mentally disordered person. The underlying principle of the Act is that mental patients should be dealt with in the same manner as all other hospital patients and only when compulsory detention is necessary will any variation into this practice be introduced. The old terms of "mental illness" and "mental deficiency" are replaced by the phrase "mental disorder" and the name of mental hospitals changed to psychiatric hospitals. It is hoped that these new arrangements will remove much of the old fashioned stigma which was at one time attached to disorders of the mind.

Three poster publicity campaigns were undertaken during the year. In July, October and December posters were dispatched to all shop keepers, Parish Council Clerks and to other persons whom it was thought might be able usefully to display posters in the area, dealing with Food Hygiene, Dogs in Food Shops and Coughs and Sneezes, in that order. Co-operation on the part of people asked to assist by displaying posters has been good and these periodic and sometimes timely reminders to the general public on what might be termed "hygiene" matters does, in no small way, contribute to the general health of the public.

As will be seen from the Report of the Chief Public Health Inspector certain legislative changes took place during the year which increased the amount of work falling to be carried out by the Inspectors. In spite of this, however, as the report shows, a large amount of very valuable work has been carried out during the year.

My sincere thanks are due, Ladies and Gentlemen, to the Chairman and Members of the Council and of the Public Health Committee for their continued support, help and encouragement, to the Clerk of the Council and the other Chief Officers for their co-operation and assistance, to the General Practitioners and Health Visitors for their willing help and to the staff of the Public Health Department for the zealous, loyal and efficient manner in which the work of the Department has been carried out during the year.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W.J. Morrissey

Medical Officer of Health

PHYSICAL CHARACTERISTICS AND COMPOSITION OF THE AREA

The Rural District of Belper lies in the south of Derbyshire and is bounded on the north by the Urban District of Matlock, on the south by the County Borough of Derby and the South East Derbyshire Rural District, on the east by the Urban Districts of Alfreton, Ripley, Heanor and Ilkeston Borough, and on the west by the Wirksworth Urban and Ashbourne Rural Districts. The altitude of the area varies considerably from 150 O.D. at Darley Abbey in the south to 1,000 O.D. in the north at Ashleyhay. The River Derwent, entering the rural district at Lea Wood, on the 260 feet contour, flows from north to south, dividing the area fairly equally into east and west. The eastern parishes are where the industries are found, and the residential and agricultural parishes are sited chiefly on the west bank of the river.

A circle of approximately 10 miles radius, struck from the Council Offices, encloses the 28 parishes which are under the Council's administration.

Representation on the Rural District Council varies, one parish sending three councillors and in another instance one representative sits for two parishes. The total representation is 30 councillors.

PRINCIPAL LOCAL INDUSTRIES

The principal local industries are Deep and Opencast Coal Mining, Limestone Quarrying, Agriculture, and Cotton and Hosiery Manufacturing.

STATISTICS OF THE AREA

Area of District	48,074 acres	
Population, 1951 Census	28,193	
Estimated Mid-Year Population 1960	30,570	
Number of houses, flats, shops with houses, hotels and boarding houses	11,030	
Rateable Value at 31.3.61	£422,915	
Sum represented by a penny rate	£1 697.	8. 8
Rate in the £. Common Charges		18. 4
Total loan debt	£2,115,274	
Debt for housing only	£1,769,489	
Loan debt for sewerage	£63,291	
Loan debt for water	£146,474	
Houses erected during the calendar year :-		
by Council	2	
by Private Enterprise	365	
	367	

VITAL STATISTICS

Live Births	Males	Females	Total
Totals	249	235	484
Legitimate	241	231	472
Illegitimate	8	4	12

Crude Birth Rate per 1,000 of estimated population 15.82

Comparability Factor 1.05

Adjusted Birth Rate 16.63

England and Wales Birth Rate for 1960 17.1

Illegitimate Live Births formed 1.43% of the total Live Births.

Still Births	Males	Females	Totals
Totals	7	4	11
Legitimate	6	3	9
Illegitimate	1	1	2

Still Birth Rate per 1,000 Live and Still Births 22.22
Still Birth Rate, England and Wales for 1960 21.0

Total Live and Still Births	Males	Females	Totals
Totals	256	239	495
Legitimate	247	234	481
Illegitimate	9	5	14

Deaths	Males	Females	Totals
	169	154	323

Crude Death Rate per 1,000 of estimated population 10.56
Comparability Factor 1.02
Adjusted Death Rate 10.78
England and Wales Death Rate for 1960 11.5

Infant Deaths (deaths under 1 year)

	Males	Females	Totals
Totals	5	9	14
Legitimate	5	9	14
Illegitimate	-	-	-

Infant Mortality Rates

Total Infantile Mortality Rate per 1,000 total Live Births 28.93
Infant Mortality Rate England and Wales for 1960 21.7
Legitimate Infant Mortality Rate per 1,000 legitimate Live Births 29.66
Illegitimate Infant Mortality Rate per 1,000 Illegitimate Live Births Nil

Neo-Natal Mortality (deaths under 4 weeks)

	Males	Females	Totals
Totals	4	7	11
Legitimate	4	7	11
Illegitimate	-	-	-

Neo-Natal Mortality Rate per 1,000 total Live Births 22.73

Early Neo-Natal Mortality (deaths under 1 week)

	Males	Females	Totals
Totals	4	6	10
Legitimate	4	6	10
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate per 1,000 total Live Births 20.66

Perinatal Mortality (still Births & Deaths under 1 week combined)

	Males	Females	Totals
Totals	11	10	21
Legitimate	10	9	19
Illegitimate	1	1	2

Perinatal Mortality Rate per 1,000 total Live and Still Births 42.42

Maternal Mortality

Number of Deaths Nil

Maternal Mortality Rate per 1,000 Live and Still Births Nil

Deaths from Cancer (all forms)

Males	Females	Totals
33	25	58

Deaths from Cancer of Lung and Bronchus

Males	Females	Totals
5	2	7

DEATHS

During the year 323 deaths were registered, (169 Males and 154 Females). This figure represents a fall of 14 when compared with the figures for 1959.

The crude death rate therefore stands at 10.56 per 1,000 population. The figure must be multiplied by the comparability factor supplied by the Registrar General to make allowances for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. In addition, the death rate comparability factor has been adjusted specifically to take account of the presence of any residential institutions in each area. When crude death rate is multiplied by the appropriate area comparability factor, it is comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area.

The comparability factor for this area is 1.02 and the crude Death Rate when multiplied by the factor gives an adjusted death rate of 10.78

Cancer was responsible for 58 deaths (33 Males and 25 Females) vascular lesions of the nervous system classed as responsible for 52 (22 Males, 30 Females) and coronary disease and angina caused 51 deaths. Taking all heart diseases together the total number of deaths from these diseases was 96, 54 Males and 42 Females, making heart diseases once again the cause of the largest number of deaths which occurred.

Deaths from Bronchitis and Pneumonia increased slightly over 1959's figures, Bronchitis was responsible for 15 deaths (12 in 1959) and Pneumonia caused 17 deaths (14 in 1959).

Influenza caused 1 death as against 5 in 1959 and deaths from "other diseases of the respiratory system" remained constant at 2.

The following table shows the number of deaths according to age and sex.

	Under 1 Year	1	2	3	4	5-9	9-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75	Total
Males	5						1	3		4	13	34	48	61	169
Females	9						2	1		5	9	10	33	85	154
Total	14						3	4		9	22	44	81	146	323

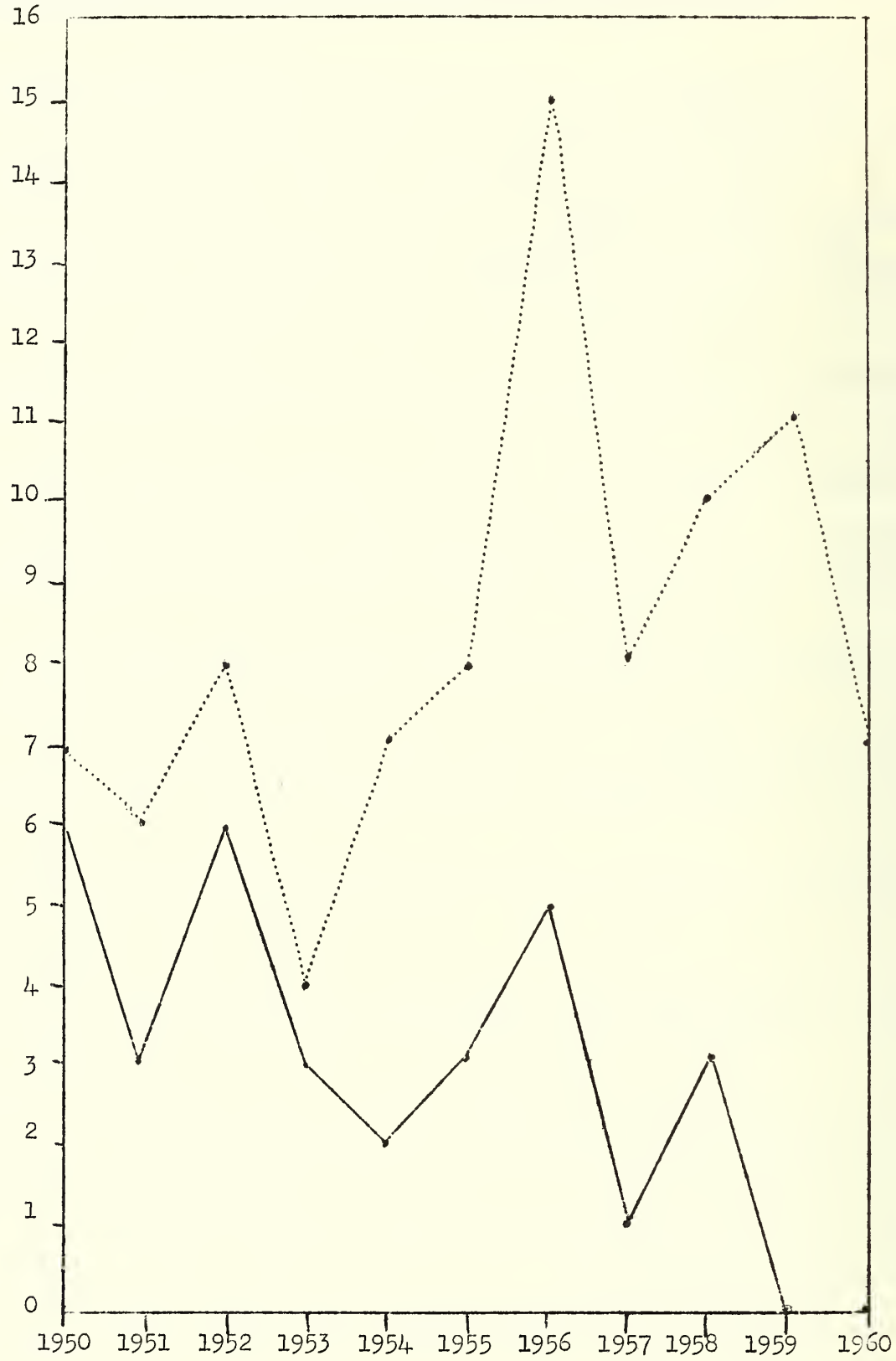
CAUSES OF DEATHS REGISTERED DURING 1960

The following table shows the causes of deaths registered during 1960 :

Causes of Death	Males	Females	Total
Other infective and parasitic diseases	1	-	1
Malignant neoplasm, stomach	4	3	7
Malignant neoplasm, lung, bronchus	5	2	7
Malignant neoplasm, breast	-	4	4
Malignant neoplasm, uterus	-	3	3
Other malignant & lymphatic neoplasms	24	13	37
Leukaemia, aleukaemia	-	1	1
Diabetes	2	-	2
Vascular lesions of nervous system	22	30	52
Coronary disease, angina	41	20	61
Hypertension with heart disease	-	5	5
Other heart diseases	13	22	35
Other circulatory diseases	10	8	18
Influenza	1	-	1
Pneumonia	8	9	17
Bronchitis	13	2	15
Other diseases of respiratory system	2	-	2
Ulcer of stomach and duodenum	1	-	1
Gastritis, enteritis and diarrhoea	-	4	4
Nephritis and nephrosis	1	1	2
Hyperplasia of prostate	1	-	1
Congenital malformations	1	2	3
Other defined and ill-defined diseases	11	18	29
Motor vehicle accidents	5	4	9
All other accidents	3	3	6
Totals	169	154	323

DEATHS FROM PULMONARY TUBERCULOSIS AND LUNG CANCER

The following graph shows the number of deaths from pulmonary tuberculosis and lung cancer during the past 10 years.



——— Indicates deaths from Pulmonary Tuberculosis

..... Indicates deaths from Lung Cancer.

No deaths from Pulmonary Tuberculosis occurred during 1960.

CANCER

The total number of deaths from cancer fell slightly this year to 58 a decrease of 5 on the figures for 1959. Cancer is one of the oldest diseases known to man and as it is a disorder of the living cells, it is possible that the disease has been in existence since life itself began. Why some of the cells in the human body behave in a different way from others and cause malignancy has so far eluded the best medical brains in the world and the solution of how to cure cancer has not yet been found completely. Much work on this problem has been going on for a number of years and undoubtedly each year brings us nearer to the solution. Until that time, however, it is thought that with the limited information already possessed, about four to ten times as many patients with cancer would have an excellent prospect of a cure provided they do not ignore the symptoms and seek medical advice in the very early stages. Although great strides have been made, even the most effective treatment is of no avail to those patients who do not seek medical advice until their condition is well advanced. A recent survey has revealed that fear and ignorance are the two main causes of people ignoring the warning signs of the onset of this disease. These warning signs could easily be totally unrelated to cancer, although no person with strange or new symptoms continuing for any length of time should delay a visit to his doctor. The spread of knowledge about this disease is one of the ways in which to combat the fear of its consequences.

A Scheme of Registration of cancer patients by the Sheffield Regional Hospital Board has now been in operation for about 3 years in an effort to assist the investigations at present being undertaken on a national level by a local survey of the condition of all patients with cancer referred to hospitals in the group. The surveys will prove of great value in the future but cannot, of course, include cases not referred to a hospital. Thus an accurate picture of the "cancer rate" within the area of each local authority is not known and we are forced to rely entirely on the death returns received from the local Registrar of Births and Deaths as the only source of information available about the disease. Analternative scheme whereby cancer would become a disease notifiable to the local Medical Officer of Health by the patient's family doctor who is, almost invariably the first to be consulted by any patient suffering from the disease, has its advantages. These notifications could be transmitted to the Bureau and would enable a register to be kept, by the Medical Officer of Health similar to that for T.B. at present maintained, and from such a register information on investigations into the environmental condition of cases and habits would be obtained. Information thus gained could be supplied to those engaged on cancer research and to Welfare organisations.

INFECTIOUS DISEASES

The overall pattern of infectious diseases during 1960 presented a somewhat brighter prospect than in the previous year in that a total of 104 cases were notified as against 298 in 1959. The most striking reduction was in the number of cases of measles i.e. 213 in 1959 reduced to 30 in 1960.

The largest number of cases of infectious diseases notified was in the 5-9 year group, March and April were the months during which the greatest number of all diseases were notified and largest number of notifications from any one parish was in respect of persons in Duffield (22 cases were notified in that parish). It is however, rather inaccurate to make such comparisons because of the large variation in population and the number of children and old people between one parish and the next. It would thus be unfair to say simply on the basis of the numbers of infectious diseases notified that for instance, people in Windley (from where no notifications were received) were more healthy than people living in Allestree (from where 18 notifications were received) because of the large difference in the population of these two districts. The whole of the district must be viewed as one in order to arrive at a realistic picture of the state of the public health.

Scarlet Fever

24 cases were notified during the year. All were generally mild cases, none where removed to hospital and a visit was paid to each patient's house on receipt of the notification. As will be seen from the tables that follow the greatest number of cases (11) occurred in the 5-9 year group, March was the worst month for this disease, and the largest number of cases (8) occurred at Allestree.

Whooping Cough

The number of cases notified during 1960 rose to 14 from 5 in 1959. The 5-9 age group was again the most susceptible, 6 of the cases occurring were within this group September was the worst month with 6 cases, and the largest number of cases (8) occurred at Duffield.

Measles

Cases of this disease notified presented the most dramatic drop in numbers. 213 cases were notified in 1959 reducing to 30 in 1960. Duffield was again the parish having the highest number of cases notified, the 5-9 age group being the most affected (13), and May being the month during which the largest number of cases of the disease was notified.

Pneumonia

A slight decrease (of 3) on the figures notified during 1959 is revealed by the notifications received during 1960 (13 cases notified in 1959, 10 in 1960), Kilburn had the largest number of cases (3) and the majority of cases notified occurred in adults. Cases occurred fairly evenly throughout the year apart from the summer months.

Erysipelas

Only one case of this disease was notified, the patient living in Darley Abbey, of unknown age. The notification was received during November.

Puerperal Pyrexia

The 3 cases which occurred were all in one parish. One case was notified in January, one in April and one in August.

Dysentery

The 8 cases which occurred represent a fall of 10 on the 1959 figure (1959 - 18, 1960 - 8). 3 cases occurred in children of 2 years of age and 3 occurred in adults. March and April were the months during which the greatest number of cases were notified and Denby and Kilburn were the parishes having the greatest number of cases (2 in each parish).

Age Incidence of Cases of Infectious Disease

The following table shows the incidence of infectious diseases notified by age groups.

Disease	Age Unknown	Under 1 Year	1-	2-	3-	4-	5-9	10-14	15-24	25 and Over	Total
rlet Fever					1	3	11	7	1	1	24
oping Cough			5	2		1	6				14
sles			6	1	1	4	13	5			30
sentery		1	1	3						3	8
umonia			1							9	10
sipelas	1										1
d Poisoning										3	3
rperal Pyrexia									2	1	3
B. Pulmonary	1							1	1	7	10
B. Other										1	1
tal	2	1	13	6	2	8	30	13	4	25	104

Parochial Distribution

The following table shows the parochial distribution of cases of infectious disease notified during the year :

Parishes	Scarlet Fever	Whooping Cough	Measles	Dysentery	Pneumonia	Erysipelas	Food Poisoning	Puerperal Pyrexia	T.B. Pulmonary	T.B. Non-Pulmonary	Total
Alderwasley					1						1
Allestree	8		6	1	2				1		18
Ashleyhay			1								1
Crich											-
Darley Abbey			1			1					2
Denby	2	1		2	2						7
Dethick, Lea & Holloway			1								1
Duffield	2	8	9						2	1	22
Hazelwood											-
Holbrook			2	1			1	3	2		9
Horsley Woodhouse									1		1
Horsley			1	1							2
Idridgehay											-
Kedleston											-
Kilburn	3			2	3				3		11
Kirk Langley											-
Mackworth											-
Mapperley											-
Pentrich			1				2				3
Quarndon	5										5
Ravensdale Park											-
Shottle & Postern			4		1						5
Shipley	1	2	1						1		5
Smalley	3	3	2	1	1						10
South Wingfield			1								1
Turnditch											-
Weston Underwood											-
Windley											-
Total	24	14	30	8	10	1	3	3	10	1	104

No notifications of the following diseases were received :-

Smallpox, Diphtheria, Enteric Fever, Cerebro-spinal Fever, Ophthalmia Neonatorum.

10 cases of infectious disease were removed to hospital.

The following table shows the notifications of infectious diseases received month by month throughout the year.

Disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Scarlet Fever	6	4	7	5	1							1	24
Whooping Cough					2		1	2	6	1		2	14
Measles	2	1	4	1	7	2	4	1	1	2		5	30
Dysentery	1		3	3						1			8
Pneumonia	1	1	2	1		1				2	1	1	10
Erysipelas											1		1
Food Poisoning				2						1			3
Puerperal Pyrexia	1			1				1					2
T.B. Pulmonary				1	1		4	2	2				10
T.B. Non-Pulmonary				1									1
Total	11	6	16	15	11	3	9	6	9	7	2	9	104

FOOD POISONING

Three cases of Food Poisoning were notified during the year, 2 at Pentrich, 1 at Holbrook. By the time the notifications of the 2 cases at Pentrich were received, the people had recovered. Three other people living in the house who had eaten identical food had no illness whatsoever.

The third case at Holbrook was in a man of 36 years of age. He was visited on the morning on which the notification was received, and specimens taken were sent to the Public Health Laboratory for examination, but with negative results.

Although the number of cases of Food Poisoning do not present anything startling or spectacular, there must be many other people who contract the illness but who treat themselves, do not call in their family doctor, and recover within a reasonably short time. These cases are not the subject of a notification and the figures cannot be regarded as presenting an accurate picture of the incidence of the disease.

Food Poisoning is caused by bacteria. These bacteria abound in cuts, sores and abrasions etc. and live and multiply very quickly in such foods as cooked meats, meat pies, soups and stews, custards and certain egg dishes etc. All of these foods should be consumed as soon as possible after preparation. If this is not possible the dishes should be quickly cooled to and kept at a temperature of about 45°F., as soon as possible after removal from the oven or saucepan. The practice of "warming-through" certain dishes for consumption on the second or third day after preparation is a very dangerous one unless the food is re-heated to boiling point. With soups and the various liquid foods this is possible but with such things as meat pies, prepared meats, cream etc. this is not practical. Infection also emanates from cuts etc. on the fingers and hands of those engaged in the preparation of food . All cuts should be covered by a clean bandage or dressing and this should be kept clean. Nails should be kept short and clean and all food should be kept covered at all times, and out of reach of flies. Scrupulous attention should be given to the cleanliness of cooking utensils.

These "golden rules" are worth repeating even though the actual number of cases of food poisoning notified does not seem to give any cause for alarm, and if all people who are concerned in food handling were to ridigly adhere to them, it is likely that the number of persons eating infected food and becoming ill would be considerably reduced.

EPIDEMIC NAUSEA

Outbreaks of sickness continued in a haphazard and sporadic manner throughout the district during the year, some being notified, others not. There seemed to be no pattern in the spread of the infection and cases seemed to crop up in several parts of the district bearing no recognisable connection. The disease usually started with symptoms resembling mild food poisoning i.e. sickness and diarrhoea, abrupt in onset and the illness being short in duration and not very severe. Some of the outbreaks may have been caused by bacteria in the same way as Dysentery and Food Poisoning although the majority of the outbreaks seem to be of the virus infection type.

This disease seems to be a separate entity among a group of diseases with certain recognisable similarities and of unknown origin. It is thought in some quarters that the disease may be due to a group of viruses and the method of transmission may be somewhat like that of influenza while other opinions have been expressed that the disease may be due to an intestinal virus and that food is in some way connected, the method of infection being from faeces via hands to food.

The prevention of infection is the same as in Dysentery and Poliomyelitis and is a matter of personal hygiene. It will thus be seen how essential it is for everyone to pay particular attention to hand washing after every visit to the W.C.

TUBERCULOSIS

During the year 10 cases of Pulmonary and 1 case of Non-Pulmonary Tuberculosis were notified.

The Ministry of Health announced at the end of the year that a total of 23,361 cases of this disease were notified over the whole country in 1960 and the disease was classed as being responsible for 3,392 deaths. From these figures it would seem that Tuberculosis, rather than being eradicated is being slowly cured. But the good results now being claimed must not be allowed to lull us into an apathetic state. It is likely that the fight against this disease will continue for some years although there are hopes that the future of Tuberculosis control and further progress to be made during the next decade will far surpass that made during the last. Two major deterents may prevent this happening. The first is that people will become complacent towards the disease and tend to regard it as "a thing of the past". I am sure that this complacent attitude would most certainly not prevail if the 3,392 people who died from Tuberculosis in 1960 had died from Smallpox, Diphtheria or Typhoid Fever! One reason why this complacent attitude is prevalent is that although the disease has been known for such a long period, many of the younger generation have never encountered a widespread Tuberculosis infection and tend to regard this disease as a virtual "medical museum piece." It might well be that Tuberculosis will never return as a large scale killer, claiming as it did as late as 1949, approximately 15,000 people annually, but there still remains persistent pockets of infection. The second deterent might be said to be those patients who disregard the warning signs of chest disease and those who, while they consult their doctors, do not keep up their attendance at the Chest Clinic and even if they do attend, attend "carelessly" and are un co-operative as regards treatment. This second deterent can be regarded as an offshoot of the first and thus the problem to be tackled is to get rid of the apathy in the public attitude towards Tuberculosis which still remains quite a serious threat to the general public health.

B.C.G. Vaccination

The two schemes in operation, that is the scheme administered by the Chest Physician on the one hand and the County Council Scheme on the other, continued to operate throughout the year. The Scheme administered by the Chest Physicians is limited to children who have been in contact with cases of Pulmonary Tuberculosis and the County Council Scheme is for school children of the age of 13 years and upwards. Visits were made by myself to a Grammar School and a Secondary Modern School in the Belper Urban District in January and December, 1960, and a number of children resident in the Rural District received skin tests, and were vaccinated with B.C.G. if this was found to be necessary on subsequent inspection.

Visit of Mass Radiography Unit

During 1959 tentative arrangements were made with Dr. W. Guthrie, the Medical Director of the Mass Radiography Unit for the Unit to visit certain parishes in the Rural District. Certain of the parishes were grouped into "units" and considerable trouble was taken to find suitable venues convenient to the general public and to the Unit, from which the Unit could be operated.

The Unit visited the following parishes on the dates stated :-

Darley Abbey	21st - 22nd June, 1960
Allestree	23rd - 27th June, 1960
Duffield	30th June and 4th July, 1960
Kilburn	28th and 29th June, 1960
South Wingfield	5th - 6th July, 1960
Holloway	7th - 11th July, 1960

The following is the report I have received from Dr. Guthrie on the surveys.

"Only 124 examinees came for x-ray at Darley Abbey and 197 at Allestree. At Darley Abbey 54% had been x-rayed before and at Allestree 40%. During the time at out disposal we could quite easily have x-rayed 600 at each of these places. The poor response may be due to the fact that both places are very close to Derby, where each year a large Mass Radiography survey is carried out.

Only one person had to come back for large film at Darley Abbey and two at Allestree. In all cases the large films were found to be satisfactory so that no new cases of chest disease were discovered."

"At Kilburn the response was poor, as only 148 examinees came for x-ray. On the Wednesday morning the x-ray set was unfortunately out of action but this did not reduce our figures by more than about 15. It is interesting to note that nearly half of those x-rayed had had been x-rayed elsewhere previously.

One case of observation Pulmonary Tuberculosis was discovered and he has been referred to the Chest Physician for further investigation. The incidence of this form of pulmonary tuberculosis was .7%, which would be a high incidence but it cannot be taken as a true interpretation of the figures as only one case was discovered.

At Duffield we had the best response yet from the general public as regards these small surveys. 252 examinees were x-rayed, of whom 70% had not been x-rayed before before. No abnormal chest condition was discovered at Duffield.

At both surveys everyone recalled for large film, did so."

"Only 112 examinees came for x-ray at South Wingfield, of whom 56% had been x-rayed before. Only one man was recalled for clinical examination on account of slight pulmonary fibrosis, but no special action was required in his case.

Holloway gave the poorest response of all the surveys carried out in the Belper Rural District area. Only 62 came for x-ray, of whom 47% had been x-rayed before. No one was recalled for large film at Holloway.

Although some of the places visited in the Belper Rural District area gave a better response than others, none gave a really good response however. In view of this and the fact that on an average over 40% of those x-rayed had been x-rayed before it hardly seems worthwhile to carry out such surveys, although the present series of surveys did about justify itself, as at Kilburn the observation case of pulmonary tuberculosis has now been proved to be an active case."

It was rather disappointing that the general public did not respond in any great numbers. The publicity arrangements did, however, leave something to be desired and it is thought that if the Unit personnel had been in touch with the Parish Councils in whose areas they were working regarding the datesof the visit of the Unit, wider publicity could have been given and the number of persons who attended might have been higher as a consequence.

However, the Survey as a whole was worthwhile and I would like to express my thanks to all who assisted in launching this, the first visit of the Unit to certain parishes in the district, particularly the various Members for the parishes concerned for their helpful suggestions, and the organisations who allowed the Unit to use their premises, in some cases free of charge.

DIPHTHERIA AND DIPHTHERIA IMMUNISATION

No case of Diphtheria has been notified in this district since 1946 and none occurred during the year under review.

I am indebted to Dr. J.B.S. Morgan, the County Medical Officer who has kindly supplied the following details regarding Diphtheria Immunisations carried out during the year in the district.

The figures for 1959 are shown as a comparison.

Record cards received during the year in respect of children immunised during that year (Primary Immunisation only).

	1960	1959
Under 1 year	357	281
1 to 4 (incl.)	129	62
5 to 14 (incl.)	83	40
Total	569	383

The outbreak of Diphtheria in Derby during the year once again spotlighted the urgent need for every child to be immunised against this disease before its first birthday and then to receive re-inforcing doses at 4 year intervals thereafter.

Immunisation against this disease was first begun in this country in the early 1940's and thereafter the number of cases of Diphtheria drooped considerably. But in recent years the campaign has met with gradual diminishing success in that the number. of children who received protetion by immunisation has gradually decreased. There is complacency on the part of the general public in the face of the possibility of this serious illness which may come disguised in the mildness of the early symptoms of the simple sore throat.

The percentage of children under 15 years of age over the country as a whole who have been immunised against the disease is somewhat lower than 50%. Cases in the past few years have shown a tendency to increase, 192 cases were notified in 1957 and this figure increased to 271 in 1958, and while immunisation remains at a low level, it will be practically impossible to finally stamp out Diphtheria.

Fortunately the outbreak in Derby jolted a number of complacent parents into requesting immunisation for their children and it is earnestly hoped that the present higher level of immunisation will be maintained or, better still, increased.

I can only repeat the plea to parents contained in my Annual Report for 1959, that all babies should be immunised at about 8 months old and thereafter should receive booster doses at 4-5 year intervals. This course of action is imperative for every child if we are to finally rid ourselves of Diphtheria.

Most primary immunisations are carried out by the General Medical Practitioners, and immunisation is also available at the School Clinics and Infant Welfare Centres. The School doctors give 'booster doses' at the schools and also primary immunisations to those children whose parents failed to have it done during infancy.

POLIOMYELITIS AND ANTI-POLIOMYELITIS VACCINATION

It gives me great pleasure once again to report that no confirmed cases of poliomyelitis occurred in the district during the year. No notifications of suspected cases having been removed to hospital were received.

The decline in the number of cases of poliomyelitis over the country as a whole continued during the year. 34 deaths were attributed to this disease as against 86 in 1959, 147 in 1958 and 246 in 1957. The Ministry of Health and the Medical Research Council have both conceded that this improvement could be said to be the result of the vaccination campaign.

During the year the Minister decided to extend still further the scope of the vaccination Scheme, this time to include persons over 40 years of age, but the response from these persons has been rather on the slow side. The Scheme for the over 40's is at present operated by the General Practitioners only. Thus vaccination against poliomyelitis is now available to practically all persons.

About a dozen members of the Council's Office Staff received the complete course of 3 injections against this disease during the year.

Experiments in London and Manchester and 20 other centres continued during the year with the new "live" oral vaccine and it is thought that this method may be introduced sometime during 1961. It is intended to use the oral vaccine to supplement the killed vaccine given by injection, which will still be the main method of protection. The "live" vaccine produced by Dr. Albert Sabin is contained in a sweetened syrup and according to reports both in the Soviet Union and in the United States it has so far proved to be both effective and safe.

The Sabin vaccine is already being produced in this country and is being exported to the U.S.A. The manufacturers say they are ready to increase production so that supplies could be available for use here as soon as the Ministry of Health are satisfied of the safety and efficacy of the new vaccine.

In the spring of this year the Minister announced that a stock of oral vaccine is now available for use, as an emergency measure, in the control of serious outbreaks of poliomyelitis.

It should be emphasised that the emergency use of oral vaccine is not intended as a substitute for routine immunisation for which inactivated poliomyelitis vaccine, in three doses administered by injection (with a reinforcing fourth dose to children of primary school age), should continue to be employed. At the present time there is no suggestion that oral vaccine should replace inactivated vaccine in the general programme of vaccination against poliomyelitis.

There is evidence that oral poliomyelitis vaccine can control the progress of an outbreak, but its successful use for this purpose involves rapid administration to a high proportion of the population at risk. The object is to promote as wide a diffusion as possible of the attenuated vaccine virus in the affected community.

The rapid administration of the vaccine and the subsequent thorough surveillance of any community, in which it is used call for intensive effort. Arrangements will have to be made at the outset to obtain the co-operation of the general public by explaining the nature, scope and limitations of the emergency measure in which they will be asked to participate. Another essential requirement will be a record of all persons to whom the vaccine is administered. It will also be important to obtain early information of all cases of poliomyelitis and other acute neurological disorders. Moreover, arrangements will also need to be made for the laboratory investigation of all clinically confirmed or suspected cases and of a sample of persons to whom oral vaccine has been administered.

The problems involved in embarking on the emergency use of oral vaccine are such that the greatest possible degree of co-operation will be needed between the local authorities concerned, their medical officers of health, the health departments, the general practitioners, the hospitals and the Public Health Laboratory Service.

Any request for a supply of oral vaccine should be made by local health authority except where health and welfare functions have been delegated, in which case it should come from the borough or district council concerned.

The decision whether or not a local outbreak is such that oral vaccine should be made available will be taken by the Ministry.

The arrangements regarding vaccination against poliomyelitis remained the same in this area during the year although once again there has been a noticeable "falling off" in numbers coming forward to receive the vaccination.

IMMUNISATION AGAINST WHOOPING COUGH AND TETANUS

The County Council has in operation a scheme whereby immunisation against Whooping Cough and Tetanus is offered to persons up to the age of 14 years. Because there is thought to be a risk of provoking other diseases if the antigens are combined and given in one injection, it is felt that it would be more expedient if the antigens were given singly. Thus immunisation against these two diseases involves two courses of injections.

Injections are given at the County Council Clinic or by the Medical Practitioners, and 'booster' doses are given after the recommended interval has elapsed.

BACTERIOLOGICAL EXAMINATIONS

All Bacteriological Examinations in connection with milk, water, food supplies and infectious disease are carried out at the Public Health Laboratory (Medical Research Council) 121a Osmaston Road, Derby, (Telephone Number Derby 45597).

The following table shows the results of examination carried out at the Public Health Laboratory of specimens submitted by the Department during 1960 :

	Positive	Negative
Faecal Specimens Salmonella	1	4
Faecal Specimens Shignella Sonne (Dysentery)	-	1
¤ Water	5	5
Total	6	10

¤ Positive indicates an unsatisfactory sample
Negative indicates a satisfactory sample

Specimens taken by Medical Practitioners are forwarded direct to the Laboratory, and the results are not communicated to this department except when a positive result leads to a notification under the Infectious Diseases Regulations.

HOSPITAL SERVICES

Cases of infectious disease occurring in the district may be removed to the Derwent Hospital, Derby.

Cases of Tuberculosis requiring admission to hospital are referred to the Chest Physician, Chest Centre, Green Lane, Derby, (Telephone Number Derby 47866), and may be admitted to the Derwent Hospital, Draycott Hospital or to Walton Sanatorium, Chesterfield.

All admissions and discharges of cases of infectious disease, including Tuberculosis, are notified to the District Medical Officer of Health.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

To the Rural District Council of Belper

Public Health Department
Chesterfield Road
Chesterfield Road,
Belper, Derby.

3rd July, 1961

Mr. Chairman, Ladies & Gentlemen,

I have the honour to submit my Annual Report on the work undertaken by my Department during the year 1960.

This was the first full year of working of the cesspool emptying service, and I feel that the experiment was only partially successful. The demand for the service was not as heavy as expected, probably due to the rather high rate of charge, particularly for the owners of large cesspools requiring more than one visit by the cesspool emptier in order to completely empty. The result is that there is still no indication of the total number of cesspools in the district, and the ultimate likely demand for the service.

The number of pail closets to be emptied gradually diminishes year by year, the number now remaining to be converted to water closets and having a public sewer available being about 119, a total of 746 premises have pail closets which are emptied by the Council's direct labour scheme, and even after the proposed sewerage schemes have been completed there will always remain a number of properties which will require the services of pail closet emptying or cesspool emptying.

The refuse collecting service also met with some difficulties and we were seldom able to maintain a weekly collection. It is difficult to recruit and retain suitable staff, and when the normal collection is disrupted by holidays and sick leave it is impossible to obtain casual labour. The large scale development taking place in the southern end of the district means that new properties are continually being added to the lists, some of which are on roads not yet properly made up, and it is difficult to organise the team's regular collections.

The report on slaughterhouses was accepted by the Minister of Health, and most licensed slaughterhouses are now undergoing alterations and re-equipping to make them comply with the construction and cruelty regulations.

The Caravan Sites and Control of Development Act, 1960, came into force on the 29th August, 1960, and created new procedure for the granting of planning permission and site licences for caravan sites. A great deal of administrative work was done in order to assist occupiers of land on which caravans were already sited. Most of these were involved in making new applications and submitting plans, and the officers of the Department advised very often in conjunction with visits of inspection, and generally helped in making correct application.

The sewer extension in Killis Lane made it possible for this area to take advantage of water borne sanitation, and practically all owners are now in the process of carrying out improvements and converting to water closets.

The work in connection with improvement grants under the House Purchase and Housing Act, 1959, has again increased. The provision of basic amenities in older houses, coupled with repair work which almost always takes place at the same time adds considerably to the life of all the properties concerned. Many of what would have become sub-standard houses and been considered for demolition in a few years time have now been raised to a standard well above the average. Many expressions of appreciation have been received following this work, but it is unfortunate that the applications continue to be almost entirely from owner-occupiers, and I would like to see many of the tenanted houses receiving the same treatment, by arrangement between the landlord and tenant.

Much of the work undertaken by the Department dealt with new proposals, which involve considerable inspections and visits to advise applicants and builders and consequently less time could be devoted to routine inspections.

I am indebted to the Chairman, and Members of the Public Health Committee for the support given to the proposals brought to them from time to time, to all chief officers and their staffs for the assistance given in both the preparation of this report and other supporting work, and to the staff of the Public Health Department for continuing to ensure that the working of the many services is run at a high standard.

I am, Ladies and Gentlemen,

Your obedient servant,

H.D. Stanworth
Chief Public Health Inspector

SCAVENGING

House Refuse Removal

The collection of domestic refuse throughout the whole area is undertaken by the Council's direct labour scheme.

The district is divided into eight areas, with teams varying from two to five men, but in the Crich area two lorries operate in the same area because of the need of a smaller lorry in certain narrow roads which are difficult to negotiate. An additional lorry is kept as a spare, making a total of 10 lorries, which are now kept at three depots, Crich, Duffield and Kilburn. During the year the new garages at Duffield and Kilburn were completed, and the private garaging arrangements at Allestree and Horsley Woodhouse were terminated.

Difficulties still arise from the loss of time due to sickness and holidays, and the fact that casual labour is unobtainable.

The recruitment of any type of labour in the southern end of the district is almost impossible, and the labour force is below strength at a time when increasing development is taking place in many areas.

Refuse Tips

The Council owns the large refuse tip at Darley Abbey, and rents areas for tipping at Crich, Kirk Langley and Horsley, and controlled tipping is now being carried out at all but Horsley where no tipping is being done at present.

The facilities for tipping at Smalley were withdrawn at short notice by the owners, and the refuse from the eastern parishes is now being dealt with on a controlled tip at Kilburn, where free tipping was offered by the owner of land who wishes to fill in old clay workings.

Salvage Collection

Three trailers are used for the purpose of salvage collection in areas where lorries can easily tow the trailers, and other lorries use sacks for the collection of paper.

The new garages at Duffield afforded space for paper storing and baling following the termination of the tenancy of the Allestree depot. A partially disabled employee now works full time at this depot in connection with the reception and baling of salvage, mainly waste paper. A second baling press is situated in the Crich depot and paper there is dealt with by a refuse collector who puts a certain amount of time in on paper baling.

During the financial year 206 tons 7 cwts 1 qrs of waste paper was collected and sold, realising £1444. 10. 9. and during the same period the sale of scrap metal and rags realised £166. 17. 3., making a total of £1611. 8. 0.

The workmen receive a bonus of 50% from the sale of salvaged materials after all expenses have been deducted. During the last financial year the amount distributed to the workmen amounted to £435. 18. 0.

Pail Closet Emptying

All pail closet emptying in the district is now done by direct labour, two vehicles being employed for alternating periods, operated by one driver and two loaders, who also do all cesspool emptying.

The voluntary conversion of pails to water closets proceeds gradually, many taking place in the Lea and Holloway areas following the laying of the new sewer. This work is often done in conjunction with the provision of further amenities under the House Purchase and Housing Act, 1959, when either a standard or a discretionary grant is claimed.

At the end of 1960 the Council's workmen were emptying 746 pail closets weekly, and of these approximately 119 had a sewer available and were capable of being converted to water closets.

Cesspool Emptying

The Council now offers facilities for the emptying of cesspools anywhere in the district at a charge of 30/- per load of 800 gallons. The service is undertaken by the same vehicles and workmen as carry out the pail closet emptying, the cesspool work mainly being done on Fridays.

The lowering of the charge for this work would no doubt lead to a heavier demand on the service, and some owners and occupiers who now make other arrangements would require the services of the Council's cesspool emptiers.

Cost of Scavenging

The cost of the house refuse and nightsoil collection scheme for the year ended the 31st March, 1961, totalled £30569. 0. 0. the equivalent of a rate of 1/6d. in the pound, or at an average cost of £2. 15. 5d. per house for the year.

SLAUGHTERHOUSES AND SUPERVISION OF FOOD SUPPLIES

Slaughterhouses

There are now seven licensed slaughterhouses in the district, one of which deals with pigs only and is also a bacon and pork products factory.

The other six are used regularly for the slaughter of cattle and sheep, mainly of high quality for their own retail meat trade, but a limited number of animals are also killed for the wholesale trade at two of the slaughterhouses.

The detailed report submitted to the Minister of Health was accepted with the exception of the date for the completion of works, which was put a month later for ease of administration at the Ministry to make the completion dates in a number of districts the same. All works to slaughterhouse buildings to make them comply with the requirements of the Slaughterhouses (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, must be completed by the 30th September, 1961.

Two licencees have not yet had planning approval to the additions and alterations involved, but the work at the remainder is either completed or in progress.

The ease of working the new stunning pen where installed, has removed the doubts as to any advantages claimed for this method, and the other alterations lead to an improvement in the hygienic handling of the carcase and offals, with more complete segregation of edible articles from waste products.

Meat and Food Inspection

The carcases and organs of all cattle (bulls, bullocks, cows and heifers) calves and pigs killed in the district were inspected at the time of or shortly after slaughter and almost 100% inspection of sheep and lambs has also been carried out.

The following table indicates the number of animals slaughtered for human consumption, and gives information as to the affected parts which were condemned as being unfit :-

Carcases and Offal inspected and condemned in whole or in part

	Bulls	Bullocks	Cows	Heifers	Calves	Sheep and Lambs	Pigs	Horses
r illed	1	389	381	756	73	Not known	6059	Nil
r nspected	1	389	381	756	73	1442	6059	Nil
i eases except Tuberculosis y ticerci								
e carcases condemned	Nil	1	Nil	Nil	1	1	7	Nil
s of which some part or was condemned	Nil	11	61	24	Nil	5	4	Nil
age of the number inspected ed with disease other than ulosis and cysticerci	Nil	3.085	16.01	3.182	1.37	.040	.181	Nil
losis only								
e carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
s of which some part or was condemned	Nil	7	28	13	Nil	Nil	15	Nil
age of the number ted affected with ulosis	Nil	1.8	7.35	1.72	Nil	Nil	0.247	Nil
rcosis								
es of which some part or was condemned	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
s submitted to treatment frigeration	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
lised and totally med	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

The following is a list of the meat and other foodstuffs found to be diseased or unsound and voluntarily surrendered :-

Bullocks	1 hindquarter
	53 lbs. hindquarter beef
	5 heads and tongues
	6 sets of lungs
	10 livers
	1 mesentery
Cows	1 carcase and all organs
	2 hindquarters
	3 forequarters
	12 lbs. shin beef
	12 heads and tongues
	21 sets of lungs
	1 heart
	57 livers
	8 mesenteries
Heifers	2 forequarters
	12 heads and tongues
	10 sets of lungs
	26 livers
	3 mesenteries
Calves	1 carcase and all organs
Sheep and lambs	1 carcase and all organs
	3 plucks
	2 livers
Pigs	7 carcases and all organs
	1 hindquarter
	14 heads
	8 plucks
	3 livers
Other Foodstuffs	2 x 6lb. tins ox tongues
	3 x 2 lb. tins pork luncheon meat
	1 x 4 lb. tin pressed beef
	1 x 7 oz. tin corned beef
	32 lbs. boneless shoulder bacon

Disposal of Condemned Food

The Meat (Staining and Sterilization) Regulations, 1960, came into force on the 1st November, 1960, and require that all meat found to be unfit for human consumption must be sterilized before leaving the slaughterhouse. If, however, no facilities for sterilising are available, arrangements may be made with an authorised officer for its removal to a place where it will be sterilized or destroyed.

The Department is now checking on all slaughterhouse licencees arrangements for removal of condemned meat and offal, in order that we may be certain that precautions are taken to see that the meat is delivered intact to the agreed destination.

These regulations also referred to the meat dispatched from Knackers' Yards, and all such meat must be stained or sterilized before leaving the premises.

This means that all unfit meat from slaughterhouses must be sterilized before being retailed as pet's meat, and all raw knacker meat used for such purposes must be stained before sale.

FOOD AND DRUGS ACT, 1955

Sampling of Milk and Other Foods

The duty of sampling milk and other foods falls upon the County Council and I am indebted to Mr. R.W. Sutton, B.Sc., F.R.I.C.S., F.C.S. County Analyst, for the following report :-

"In the area of the Belper Rural District Council 160 samples, including 39 milks, were taken during the year.

The milk samples were satisfactory.

Two samples of Plain Flour were deficient in calcium carbonate. No further action has been taken pending revision of The Flour (Composition) Regulations, 1956 now under consideration at the Ministry.

Samples were examined for compliance with The Colouring Matter in Food Regulations, 1957. Two samples of Food Colouring and two of Sweets (informal samples followed by subsequent formal samples) contained artificial colour prohibited from use in food manufacture in this country. The Food Colouring was found to be very old stock. A sample of the same brand taken from other premises and stated to represent current production was satisfactory and in these circumstances no further action was taken. Proceedings were taken against the importers of the Sweets (manufactured in Holland) and resulted in a fine of £25 together with £15. 15. 0. costs.

The labelling of a sample described as Culinary Cochineal did not comply with the Labelling of Food Order, 1956. This was the subject of representations to the manufacturers who have agreed to amend the label."

FOOD AND DRUGS ACT, 1955 (PREMISES REGISTERED UNDER SECTION 16)

(a) Sale, manufacture, or storage of ice-cream

There are 2 premises registered for the manufacture and sale of ice-cream.

In addition, 103 premises are on the register for the sale of ice-cream, 84 of which were approved for the sale of wrapped ice-cream only.

(b) Preparation or manufacture of sausages potted, pressed, pickled or preserved food intended for sale

There are 13 premises registered under Section 16 of the Food and Drugs Act, 1955, 11 in connection with the preparation or manufacture of sausages or potted, pressed, pickled, or preserved meats intended for sale, and 2 fish friers.

FOOD HYGIENE REGULATIONS 1955

The inspection of food premises and the supervision of preparation and handling processes is carried on whenever time permits, and there are still premises where endeavours are being made to improve the conditions.

The following list classifies the food premises in the district :-

General Stores	78
Licensed premises	73
Grocers	17
Greengrocers	7
Butchers	21
Fish friers and fishmongers	2
Bakehouses	2
Confectioners	3
Ice-cream manufacturers	2
Cafes and mobile canteens	13
Works canteens and kitchens	13
School canteens and kitchens	26
Hospitals and Institutions	3
Total	260

MOVEABLE DWELLINGS AND CAMPING SITES

The Caravan Sites and Control of Development Act, 1960, came into force on the 29th August, 1960, and amended the procedure for the licensing of caravan sites.

All occupiers of land on which caravans were situated had to be contacted and advised as to the correct procedure for obtaining planning permission and site licences. The caravan dweller no longer receive an individual licence, but the occupier of the land is responsible for obtaining the necessary permissions. Other types of moveable dwellings are still dealt with under Section 269 of the Public Health Act, 1936.

The Department has co-operated with the Area Planning Officer of the Derbyshire County Council to ensure that all sites are being dealt with and many of the Area Planning Officer's recommendations on planning applications have been received.

When planning permission without any conditions is recommended, your Public Health Committee have been recommended to grant a site licence with conditions attached based on the Ministry of Housing and Local Government Model Standards, the stringency of some of the conditions depending on whether the site is for permanent residential caravans or holiday caravans. Some modifications has also been made on the licenses for sites of three or less caravans, many of which are for one caravan only.

The Area Planning Officer has recommended some planning permissions with a condition attached, making a time limit for the permission in order to prevent hardship and allow the occupiers time to make alternative arrangements. Such time limit has also been placed on the site licenses issued by the Council and in these cases the licence conditions have been made almost the same as those on the existing licences, a standard which was adopted some years ago for individual caravans.

The new procedure has involved a great deal of inspection and administrative work, which is still going on, and the difficulty in the future will be to obtain compliance with the conditions which have been attached to licenses, particularly of the larger sites.

PETROLEUM (CONSOLIDATION) ACT, 1928

During the year 60 premises were licensed for the storage of petroleum spirit, varying from the small can store of a few gallons to bulk storage of 12,000 gallons.

The enforcement of the Home Officer Code of Practice has involved a considerable amount of inspection work to advise and supervise work to bring about a reasonable degree of safety.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following table gives details of the numbers of inspections and treatments carried out during the 12 months ended 31st December, 1960 :-

	TYPE OF PROPERTY				
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	(5) Agricultural
Number of properties in Local Authority's District	52	10344	1217	11610	550
Number of properties inspected as a result of					
(a) Notification	-	253	30	283	12
(b) Survey under the Act	49	722	3	773	66
Total inspections carried out - including re-inspections	173	1551	61	1785	77
Number of properties inspected which were found to be infested by:					
(a) Rats (Major)	-	-	-	-	-
(a) Rats (Minor)	39	480	17	536	11
(b) Mice (Major)	-	-	-	-	-
(b) Mice (Minor)	-	9	11	20	1
Number of infested properties treated by Local Authority	39	489	28	556	12
Total treatments carried out - including re-treatments	147	1267	55	1469	35
Number of "Block" control schemes carried out	-	6	-	-	-

HOUSING

During 1960 the Council informed the Ministry of Housing and Local Government that the five year programme for dealing with sub-standard houses by way of demolition was virtually completed. The properties now being proposed for such action are additional to that programme, or individually unfit houses which are now becoming vacant, making procedure under the Housing Act possible without undue disturbance of elderly tenants or owner-occupiers.

Two Clearance Areas were represented to the Council during the year 1960.

The following table is a summary of the information submitted to the Ministry of Housing and Local Government as to certain aspects of the Department's work during 1960 under the Housing Acts and the Public Health Act, 1936 :-

A. HOUSES DEMOLISHED	Houses Demolished	Displaced during year	
		Persons	Famili
In Clearance Areas (Housing Act, 1957)			
(1) Houses unfit for human habitation	7	14	7
(2) Houses included by reason of bad arrangement etc	Nil	Nil	Nil
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957	Nil	Nil	Nil
Not in Clearance Areas			
(4) As a result of formal or informal procedure under Section 17(1) Housing Act, 1957	5	16	4
B. UNFIT HOUSES CLOSED	Number		
(5) Under Sections 16(4), 17(1) and 35(1) Housing Act, 1957	1	3	1
(6) Under Section 17(3) and 26 Housing Act, 1957	Nil	Nil	Nil
(7) Parts of buildings closed under Section 18 Housing Act, 1957	Nil	Nil	Nil

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED	By Owner	By Local Author
(8) After informal action by Local Authority	16	Nil
(9) After formal notice under		
(a) Public Health Acts	5	Nil
(b) Sections 9 and 16 Housing Act, 1957	7	1
(10) Under Section 24 Housing Act, 1957	Nil	Nil

Housing (Financial Provisions) Act, 1958
House Purchase and Housing Act, 1959

The amount of work connected with improvement grants gradually increases as the details of the scheme became more widely known.

Owner-occupiers still form the greater portion of the applicants, and many of them are for discretionary grants to provide amenities in sub-standard houses which may otherwise be allowed to deteriorate until they become unfit for habitation.

Considerable sums of money are expended on these houses, much of which does not rank for grant and consequently a number of good class houses are replacing some which would be considered for demolition in a short time.

The standard grants are utilised for the more modest schemes of providing the five essential amenities of hot water system, bath, wash-hand basin, water closet and food store, where these can be provided without additional building and where the public sewer and water supply are readily available.

During 1960 the Council paid 18 discretionary grants amounting to £3627. 11. 7. and 56 standard grants amounting to £5704. 13. 11 making a total of £9332. 5. 6., three quarters of which is contributed by the Exchequer.

RENT ACT, 1957

During 1960 there were no applications for certificates of disrepair, undertakings or cancellations of certificates, under the Rent Act, 1957.

FACTORIES ACT, 1937 TO 1959

Part I - Inspections

Premises	No. on Register	No. of Inspections	No. of Written Notices
i) Factories in which Sections 1, 2, 3 4 and 6 are to be enforced by Local Authorities	8	30	-
i) Factories not included in (i) in which Section 7 is enforced by the Local Authority	53	91	-
i) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	8	7	-
Total	69	128	-

Cases in which defects were found 8

Cases in which defects were remedied 8

Part VII - Outwork (Sections 110 and 111)

Nature of Work	No. of Outworkers
Wearing apparel	37

GENERAL SANITARY ADMINISTRATION

In addition to the visits of inspections indicated in other tables in the report, the following information is given as to several other types of premises supervised.

Premises etc.	No. on Register	No. of Inspections
Premises registered for the sale or manufacture of ice-cream	105	24
Premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale	13	12
All food premises (including above)	260	53
Dairies	26	5
Milk Distributors	73	12
Factories and Workplaces (including Bakehouses)	69	128
Bakehouses	2	2
Moveable Dwellings (a) Sites	4	23
(b) Individual dwellings	63	100
Slaughter Houses	7	778
Knackers Yards	1	5

WATER SUPPLIES

		Estimated Population Involved
No. of houses in district connected to mains (Estimated)	10,762	29,900
No. of houses in district not connected to mains (Estimated)	268	670
No. of connections made during the year :		
(a) new houses	675	
(b) other premises	5	
(c) troughs	24	

Water Sampling

	Submitted for Chemical Analysis			Submitted for Bateriological Examination		
	No. of Samples	Satis-factory	Unsatis-factory	No. of Samples	Satis-factory	Unsatis-factory
Public supplies :- Treated	-	-	-	4	4	-
Untreated	-	-	-	-	-	-
Private supplies :- Treated	-	-	-	1	1	-
Untreated	-	-	-	5	-	5

Observations of the Engineer and Surveyor

The distribution system has been extended during the year to meet the needs of speculative and Council house development as follows :

(i)	Council site at South Wingfield for 14 old persons bungalows	93 lin. yards 3" Cast Iron
(ii)	Laurel Farm Estate, Smalley for F. Sisson & Sons	30 lin. yards 3" Cast Iron

Particulars of the water consumption throughout the Council's area of supply for 1960 are as follows (the corresponding figures for 1959 are shown in parenthesis).

Supplied by Derwent Valley Water Board	(257,924,000)	268,415,000
Supplied by Dethick Springs	(57,240,000)	71,150,000
Supplied by Crich Carr Springs	(2,990,000)	3,211,000
		342,776,000
Bulk Issues (Belper U.D.C. Derby Corporation etc)	5,011,000	
Bulk Receipts (South East Derbyshire R.D.C. Ashbourne R.D.C. Alfreton U.D.C etc.)	4,649,000	
Net Bulk Issues	362,000	362,000
	(324,652,000)	342,414,000

The gross average daily consumption per head of population was 40.3 gallons (39.2) and for domestic purposes only 30.2 (30.3) Metered supplies during the year totalled 84,868,000 (73,799,000).

Fortunately the serious depletion of the Derwent Valley reservoirs caused by the drought in the summer of 1959 was restored by the beginning of 1960, and although the overall consumption increased there was no difficulty in meeting it. In some areas however, notably Holbrook and Smalley, the distribution system proved barely adequate at times of peak demand and complaints of poor presure became increasingly frequent. The situation was partly improved by reorganising the areas of supply but the most effective and permanent measures will not be possible until the formation of the South Derbyshire Water Board in April, 1961.

Number of houses and estimated population supplied from public mains controlled by the Belper Rural District Council

Parish	Houses served by mains	Estimated Population
Alderwasley	15	52
Crich	905	3168
Denby	578	2022
Dethick, Lea & Holloway	371	1298
Duffield	1028	3598
Hazelwood	77	270
Holbrook	472	1652
Horsley	216	756
Horsley Woodhouse	445	1557
Idridgehay	33	114
Kedleston	10	35
Kilburn	746	2611
Kirk Langley	143	502
Mapperley	111	389
Pentrich	49	170
Shipley	232	812
Shottle	35	121
Smalley	531	1858
South Wingfield	528	1848
Turnditch	74	263
Weston Underwood	41	144
Windley	28	98
Totals	6668	23338

Number of houses supplied outside the Belper Rural Area not included in the above number :-

	Houses	Estimated Population
Bargate and Sandbed Lane area Makeney, Milford and Chevin Side, Plains Lane and Shaw Lane - all in Belper Urban District	283	1,000

SEWERS AND SEWAGE DISPOSAL

During the year extensions to existing sewerage systems have been laid as follows :

(i) Killis Lane, Kilburn

1300 yards of 6" diameter concrete tube sewer serving 27 properties laid from Cinderhill to the parish boundary.

(ii) Fairway Crescent, Allestree

500 yards of 12" diameter concrete tube sewer to act as a relief sewer for the increasing quantity of sewage discharging from various extates as they become developed.

(iii) Storm overflow manhole, Lea Bridge

70 yards of 9" diameter concrete tube sewer and the construction of a storm overflow manhole to carry excess surface water direct to Lea Brook.

Additionally, an improvement in the operation of several of the Council's sewage disposal works has been affected by the provision of a mobile heavy duty diaphragm pump, and it is hoped in the near future to provide four storage and messing sheds on works where these facilities do not at present exist.

The maintenance and production of a satisfactory effluent is becoming increasingly difficult in those works situate in the water shed of rapidly developing areas and as the start of a programme to extend and improve such works by direct labour, plans have been completed for the replacement of the walls and media to two bacteriological filter beds at Duffield Sewage Disposal Works.

As regards the building of new works, the design and detail plans for Turnditch and Idridgehay have had to be amended to exclude farm wastes at the request of the Ministry and the revised scheme will have to be re-submitted to both the County Council and the Ministry.

A scheme for the provision of piped sewerage for the village of Mackworth has been completed in detail and submitted to the County Council. This scheme is designed to discharge to a sewer crossing Markeaton Park, and thence to the Derby County Borough Disposal Works, and will thus form a part of the broader issue of the drainage of parts of Allestree and Quarndon to the same disposal works.

New schemes under consideration in outline only at the moment include Hazelwood and Weston Underwood.

In addition to the considerable volume of work involved in the foregoing, my staff have carried out the routine day to day inspection on thousands of yards of sewers and drains laid as part of speculative and private development throughout the area.

DRAINAGE		Estimated Population Involved
No. of houses in district connected to sewers (Estimated)	9,663	26,870
No. of houses in district not connected to sewers (Estimated)	1,367	3,700
No. of connections made during the year		
(a) existing houses	16	
(b) new houses	360	
No. of conversions of other closets to W.C's	75	